



Care. **Compassion.** Convenience.

## Welcome To Our Clinic! Client Registration

Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_, OH Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_

**To Remind Me of My Pets Needs the Contact Method I Prefer Is (check one):**

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Mail (Postcard): \_\_\_\_\_ Text Message: \_\_\_\_\_

**How Did You Hear About Us (check one):**

Yellow Pages: \_\_\_\_\_ Referral (by whom?): \_\_\_\_\_  
Internet: \_\_\_\_\_ Business Sign: \_\_\_\_\_ Other (Specify): \_\_\_\_\_

### Spouse Information

Spouse Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_

### Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s). I assume responsibility for all charges incurred in the care of my pet(s). I also understand that charges are to paid at the time of service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[www.MyCommunityVeterinaryClinic.com](http://www.MyCommunityVeterinaryClinic.com)

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